



Seattle Fire Prevention Division
 220 3rd Avenue South
 Seattle, WA 98104
 SFD_FMO_SystemsTesting@seattle.gov

SYSTEM TEST REPORT

DRY CHEMICAL/SPRAY BOOTH		STATUS		
<input type="checkbox"/> Confidence Test	<input type="checkbox"/> Deficiency Repair Test	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow	<input type="checkbox"/> White
Occupancy Information				
Occupancy Name:				
Occupancy Address:				
Contact Name:		Contact Phone:		
Contact Address:		Contact Email:		
Central Station Monitoring: <input type="checkbox"/> Yes <input type="checkbox"/> No		Monitoring Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Monitoring Company Name:		Monitoring Company Phone:		
Inspection & Testing Agency Information				
Name:		Phone:		
Address:		Emergency Phone:		
		Email:		
Inspector/Tester Information				
Name:		Phone:		
SFD Certification No.: SCP-				
Dry Chemical/Spray Booth System				
Date of Test:				
The items on the checklists below shall be inspected and tested. This list does not constitute all of the required inspecting and testing of the fire and life safety system. Refer to the Fire Code (IFC Chap. 9 and Chap. 24) used by the AHJ, NFPA 33 and the manufacturer's recommendations for inspecting and testing requirements.				
PRE-TEST CHECK				
AVOID UNNECESSARY ALARMS BY PUTTING THE FIRE ALARM SYSTEM IN TEST MODE. Failure to place the Fire Alarm System (FAS) into test mode and/or taking other precautions to may cause preventable alarms.				
DRY CHEMICAL/SPRAY BOOTH SAFETY SYSTEMS				
FIRE ALARM CONNECTION				
1. The fire alarm system trips upon activation of the fire protection system. (Only answer N/A if there is no fire alarm system in the building.) 2021 SFC 904.3.5 and NFPA 17-21 Section 5.7.4				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
FIRE PROTECTION SYSTEM INTERLOCKS:				
2. All spraying equipment shuts down upon activation of the fire protection system (FPS). (Only use N/A for spray booths protected by sprinklers, or if the system was installed prior to the requirement for shut down upon operation of the FPS.) 2021 SFC 2404.8.1				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
3. All drying equipment shuts down upon activation of the FPS. (Only use N/A for spray booths protected by sprinklers.) 2021 SFC 2404.6.1.2.1				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
4. Where activation of the FPS requires ventilation, the exhaust equipment remains running. 2021 SFC 2404.8.2				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

5. Where the FPS requires ventilation to be discontinued, the air makeup and exhaust systems shut down and dampers close. 2021 SFC 2404.8.2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. The sprinkler heads or other FPS nozzles are properly protected against paint buildup. 2021 SFC 2404.5.2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DRY CHEMICAL/SPRAY BOOTH INTERLOCKS		
7. The spray equipment will not operate unless the ventilation system is running. 2021 SFC 2404.7.1	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. The spray equipment will not operate when the drying system is in use. 2021 SFC 2404.6.1.2.1	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. The ventilation system operates for at least 3 minutes or at least 4 air changes, whichever is greater, prior to rendering any drying equipment operable. 2021 SFC 2404.6.1.2.1	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. All drying equipment shuts down if the ventilation system fails. 2021 SFC 2404.6.1.2.1	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. All drying equipment shuts down if the air temperature in the booth exceeds 200° F (93° C). 2021 SFC 2404.6.1.2.1	<input type="checkbox"/> Yes	<input type="checkbox"/> No
VENTILATION FILTERS & BOOTH INTERIOR		
12. The spray booth walls, ceiling, filters, and fan blades are free of paint build up. 2021 SFC 2403.4	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. The ventilation system provides an average velocity of 100 ft/min at a cross section within the booth or across the open face of the booth. 2021 SFC 2404.7.3.1 & 2404.7.3.2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Glass panels or enclosures separating luminaries from the vapor area are unbroken and sealed. 2021 SFC 2404.6.2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HYDROSTATIC TEST		
15. Dry chemical containers, auxiliary pressure containers and hose assemblies were subjected to a hydrostatic test required by NFPA 17 - 11.5.1	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
FINAL CHECKS		
Put the Fire Alarm back into service and/or other precautionary measures that were made to restore fire alarm system to normal operation (includes removal of protective coverings)		
16. The system was left in service.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. The confidence test report will be given to the owner in either electronic or paper form and a status tag was posted on the dry chemical system.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
By accepting this statement I, the certified technician shown on this form, certify that this fire protection system(s) has been properly inspected for functional operation in accordance with the current Fire Code (FC) used by the department that has jurisdiction and NFPA Standards adopted by the FC for this system. Any deficiencies found are noted in the report and have been reported to the building Owner/Manager for corrective action. I also certify that the report indicates the correct field inspection/repair date, and I have placed an accurate red, yellow, or white tag on the system indicating its status consistent with my inspection today and SFD Administrative Rule 9.02. By accepting this statement, I further attest that I am properly certified by the City of Seattle (and State of Washington if required for the work) to perform the work documented in this report, or exempt from those requirements. Finally, by accepting this statement I attest that the contractor on whose behalf this report is submitted holds the appropriate Washington State licenses should any be required for the work documented in this report.		
I am authorized to submit this report for the certified technician who has accepted this statement.		
SIGNATURE (OPTIONAL)		
Signature of Technician		
Signature of Building Representative		

System Testing Reports Must Be Submitted Online

Submit reports to <http://www.thecomplianceengine.com/>